

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U <u>12474</u> | 2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u> |
| 3 Name and address of person filing Name <u>GLORIA T. GONZALEZ</u> P O Box, Bldg Room No. If any <u>PO Box 14629</u> Street <u>1125 SE MADISON ST. #209</u> City <u>PORTLAND</u> State <u>OREGON</u> ZIP Code + 4 <u>97214</u> | 4 Name, file number and address of labor organization. Name <u>UNITE HERE LOCAL 9</u> Labor Organization File Number <u>509-287</u> P O Box, Building and Room Number If any <u>PO Box 14629</u> Street <u>1125 SE MADISON ST. #209</u> City <u>PORTLAND</u> State <u>OREGON</u> ZIP Code + 4 <u>97214</u> |
| 5 Position in labor organization. <u>PRESIDENT</u> | |

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any)

Name
Trade Name, if any
P O Box, Bldg Room No., if any
Street
City
State ZIP Code + 4

7 a. Nature of Interest, Transaction, or Income

7 b. Amount

Signature

18 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions)

Signed [Signature]

On 8/13/05

Date

503-230-2304

Telephone Number

Name of Person Filing

GLORIA T GONZALEZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name WELFARE PENSION ADMINISTRATION SERVICESTrade Name, if any: P O Box, Bldg. Room No. If any Room 300Street 2815 2ND AVECity SEATTLEState WASHINGTON ZIP Code + 4 98124 1203

9. Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Trade Name, if any: P O Box, Bldg. Room No. If any Street City State ZIP Code + 4

11 a. Nature of such dealing

REIMBURSEMENT FOR TRUST
MEETING EXPENSES

11 b. Approximate dollar value of such dealing

\$1,687.14

12 a. Nature of interest held or income received

12 b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any: P O Box, Bldg., Room No. If any Street City State ZIP Code + 4

14 a. Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?14 b. Amount of payment.